

Fill in this information to identify the case:

Debtor name **Immune Pharmaceuticals Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **19-13273**

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **3/18/19**

X

Signature of individual signing on behalf of debtor

Gary H. Rabin
Printed name

President and Interim CEO
Position or relationship to debtor

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
Caption in compliance with D.N.J. LBR 9004-1(b)

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Counsel for the Debtors/Debtors-in-Possession

In re:

IMMUNE PHARMACEUTICALS INC, *et al.*,

Debtors.¹

Chapter 11

Case No. 19-13273 (VFP)

Hon. Vincent F. Papalia

**SCHEDULE OF ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL
AFFAIRS FOR DEBTORS**

General Disclaimer

Immune Pharmaceuticals, Inc. (the “Immune Debtor”), along with its subsidiaries Immune Pharmaceuticals, Ltd., Cytovia, Inc., Maxim Pharmaceuticals, Inc., Immune Pharmaceuticals USA Corp., Inc., and Immune Oncology Pharmaceuticals, Inc., the debtors and debtors in possession in the above-captioned jointly administered cases (collectively with the Immune Debtor, the “Debtors”) have prepared their Schedules of Assets and Liabilities and their Statement of Financial Affairs (the “Schedules and Statements”) based on the information reflected in the Debtors’ current books and records. However, inasmuch as the Debtors’ current books and records have not been audited as of the date of these Schedules and Statements, the Debtors cannot warrant the absolute accuracy of these documents. The Debtors have made a diligent effort to complete these documents accurately and completely. To the extent additional information becomes available, the Debtors will amend and supplement the Schedules and Statements.

¹ The Debtors in these chapter 11 cases and the last four digits of each Debtor’s taxpayer identification number are as follows: Immune Pharmaceuticals, Inc. (1431); Immune Pharmaceuticals, Ltd.; Cytovia, Inc. (7805); Immune Oncology Pharmaceuticals, Inc.; Maxim Pharmaceuticals, Inc. (9983); and Immune Pharmaceuticals USA Corp. (9630).

Schedule A/B Disclaimer

Unless otherwise noted, all of the amounts listed on Schedule A/B represent the value of the Debtors' assets as reflected in the Debtors' books and records. The Debtors have performed no independent review of the value of these assets. The actual value of the assets listed may differ from the amount reflected in the Debtors' books and records. It would be prohibitively expensive and unduly burdensome to obtain current market valuations of the Debtors' property interests.

Schedule D Disclaimer

The Debtors have listed creditors as "Creditors Holding Secured Claims" for informational purposes only, and do not acknowledge or admit, by so classifying, the existence, validity, or amount of the claim or of any security interest these creditors may claim to have against any or all of the Debtors' assets. The Debtors expressly retain all rights to challenge the existence, validity, perfection, collectability or amount of any alleged secured claim, and retain all other rights and powers to challenge said alleged secured claim, on any basis, including, but not limited to, the right to equitable or contractual subordination of such claim.

The Debtors' failure to designate a claim on Schedule D as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such claim is not "disputed," "contingent," or "unliquidated." The Debtors reserve the right to dispute, or to assert offsets or defenses to, any claim reflected on Schedule D as to amount, liability, or classification, or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated." Moreover, the Debtors reserve the right to challenge the amount, nature, and classification of any claim listed on Schedule D.

Schedule E/F Disclaimer

As of the Petition Date, certain employees were owed wages, salaries, and commissions earned in the 180 days prior to the Petition Date ("Priority Wages") for the Immune Debtor. Such Priority Wages amounts are listed on the Immune Debtor's Schedule E/F. The Debtors reserve the right to amend their Schedules to reflect any additional Priority Wages that might have been missed, and reserve the right to dispute, challenge, or to assert offsets or defenses to, any Priority Wage claims as to amount, liability, or classification, or to otherwise subsequently designate any claim as "disputed," "contingent," or "unliquidated."

The unsecured claims listed in Schedule E/F arose or were incurred on various dates. A determination of each date upon which each unsecured claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive. Therefore, the Debtors have not specified the dates on which the unsecured claims listed on Schedule E/F arose or were incurred. The Debtors' failure to designate an unsecured claim on Schedule E/F as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such claim is not "disputed," "contingent," or "unliquidated." The Debtors reserve the right to dispute, or to assert offsets or defenses to, any unsecured claim reflected on Schedule E/F as to amount, liability, or classification, or to otherwise subsequently designate any unsecured claim as "disputed," "contingent," or "unliquidated." Moreover, the Debtors reserve the right to challenge the amount, nature, and classification of any unsecured claim listed on Schedule E/F.

Schedule G Disclaimer

The information set forth herein was derived from the Debtors' books and records. The Debtors reserve the right to amend any of the items set forth herein if and when more updated information becomes available.

Schedule G List of Executory Contracts and Unexpired Leases is furnished for informational purposes only to apprise parties in interest of possible contractual relationships of the Debtors as of the commencement of this case and is derived from documents in the possession of the Debtors. Schedule G is not an admission or recognition that any contractual relationship exists or existed or that, if such a relationship existed, said relationship presently exists. The Debtors do not waive any right to rescission or reformation or defense respecting any contract or lease.

Similarly, Schedule G is not an admission or recognition that any contractual relationship constitutes an "Executory Contract." Some contracts or leases listed in Schedule G may have been validly terminated or expired by their own terms prior to the commencement of this case, but have been listed notwithstanding any such possible termination or expiration in order to provide representation of the Debtors' affairs and in the event that one or more parties in interest may take the position that an executory contract or unexpired lease existed as of the commencement of this bankruptcy case.

Similarly, Schedule G is not an admission or recognition that any contractual relationship constitutes a lease or an "Executory Contract" nor is the characterization of a contract as a "Lease" an admission that the contract is a true Lease and not a Security or Finance Agreement. In fact, Agreements entitled "Lease" may constitute Security or Finance Agreements.

Fill in this information to identify the case:

Debtor name Immune Pharmaceuticals Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 19-13273

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	\$	0.00
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$	136,974.66
1c. Total of all property: Copy line 92 from Schedule A/B.....	\$	136,974.66

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....	\$	0.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	\$	297,872.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+\$	12,375,975.62
4. Total liabilities Lines 2 + 3a + 3b	\$	12,673,847.62

Fill in this information to identify the case:

Debtor name **Immune Pharmaceuticals Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **19-13273**

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **TD Bank**

Checking

5010

\$1,114.23

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,114.23

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **1 Bridge Plaza Lease Deposit**

\$49,440.00

7.2. **Deposit - Ready Fresh (water)**

\$20.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

Debtor Immune Pharmaceuticals Inc. Case number (if known) 19-13273
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8.1. Marcum LLP \$31,000.00

8.2. SEC Form S-1 \$181.85

9. **Total of Part 2.** \$80,641.85

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Office Furniture	\$55,218.58		\$55,218.58

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card

Debtor **Immune Pharmaceuticals Inc.**
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collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **\$55,218.58**
Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**
☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 1 Bridge Plaza North, Suite 270 Fort Lee NJ 07024 (rented office space)	Tenant	Unknown		Unknown

56. **Total of Part 9.** **\$0.00**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets Patent No. 1984660 - 4-Arylamino-Quinazolines as Activators of Aspartic Acid Specificity Cysteine Protease and Inducers of Adoptosis and the Use Thereof	Unknown		Unknown
Patent No. 7618975 - 4-Arylamino-Quinazolines as Activators of Caspases and Inducers of Apoptosis and the Use Thereof	Unknown		Unknown
Patent No. 8309562 - Compounds and Therapeutical Use Thereof	Unknown		Unknown
Patent No. 5129957 - Compounds and the Therapeutical Use Thereof	Unknown		Unknown
Patent No. 8258145 - Method of Treating Brain Cancer	Unknown		Unknown
Patent No. 6858607 - 7,8-fused 4H-Chromene and Analogs as Activators of Caspases and Inducers of Apoptosis and the Use thereof	Unknown		Unknown
Patent No. 6794400 - 4-substituted-1-(arylmethylidene) thiosemicarbazide, 4-substituted-1-(acylcarbonyl) thiosemicarbazide and analogs as activators of caspases and inducers of apoptosis and the use thereof	Unknown		Unknown
Patent No. 2,656,706 - substituted 4-aryl-chromene as activator of caspases and inducer of apoptosis and as antivasculalr agent and the use thereof	Unknown		Unknown
Patent no. 7968595 - substituted 4-aryl-chromene as activator of caspases and inducer of apoptosis and as antivasculalr and the use thereof	Unknown		Unknown
Patent Application No. 2,938,241 - substituted 4-aryl-chromene as activator of caspases and inducer of apoptosis and as antivasculalr and the use thereof	Unknown		Unknown
Patent No. EP2049101A2 - substituted 4-aryl-chromene as activator of caspases and inducer of apoptosis and as antivasculalr and the use thereof	Unknown		Unknown

Debtor	Immune Pharmaceuticals Inc. Name	Case number (If known)	19-13273
Patent No. 6184210 - Dipeptide apoptosis inhibitors and the use thereof	Unknown		Unknown
Patent No. 6335429 - Novel fluorogenic or fluorescent reporter molecules and their applications for whole-cell fluorescence screening assays for caspases and other enzymes and the use thereof	Unknown		Unknown
Patent No. 6153591 - Dipeptide Caspase Inhibitors and the use thereof	Unknown		Unknown
Patent No. 160388 - Emulsions comprising amitriptyline and ketamine	Unknown		Unknown
Patent No. 6017961 - Ketamine and N-Butyl-P-Aminobenzoate in PLO	Unknown		Unknown
Patent No. 153656 - Methods and compositions for treating pain of the mucous membrane	Unknown		Unknown
Patent No. 2457780 - Topical compositions and methods for treating pain	Unknown		Unknown
Patent No. 45500 - Topical Compositions and methods for treating pain	Unknown		Unknown
Patent No. HK1089364 - Topical Compositions and methods for treating pain	Unknown		Unknown
Patent No. 255023 - Topical Compositions and methods for treating pain	Unknown		Unknown
Patent App. No. MX/A/2007/013047 - Topical Compositions and methods for treating pain	Unknown		Unknown
Patent No. 531547 - Topical Compositions and methods for treating pain	Unknown		Unknown
Patent No. 6638981 - Topical Compositions and methods for treating pain	Unknown		Unknown
Patent No. 6509028 - Methods and compositions for treating pain of the mucous membrane	Unknown		Unknown

Debtor	Immune Pharmaceuticals Inc. Name	Case number (if known)	19-13273
Patent no. 521470 - Intradermal penetration agents for topical local anesthetic using a patch	Unknown	Unknown	Unknown
Patent No. PA02008828 - Agentes de penetracion intradermica para administracion topica de un anestesico local (intradermal-penetration agents for topical local anesthetic administration)	Unknown	Unknown	Unknown
Patent No. 763523 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. 1140857 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. AT399769 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. BE1140857 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. 2356871 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. 1155579 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. CY1108379 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. DK1140857 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. FI1140857 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. DE69939027 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. GR1140857 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. 1040998 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown
Patent No. 205849 - Synthesis of Histamine Dihydrochloride	Unknown	Unknown	Unknown

Debtor	Immune Pharmaceuticals Inc.	Case number (if known)	19-13273
Name			
Patent No. IE1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. 143570 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. IT1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. 4139082 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. LU1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. MC1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. NL1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. 512935 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. PT1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. ES2310056 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. SE1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. CH1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. 1243166 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. GB1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. FR1140857 - Synthesis of Histamine Dihydrochloride	Unknown		Unknown
Patent No. 6498181 - Synergistic tumoricidal response induced by histamine	Unknown		Unknown

Debtor	Immune Pharmaceuticals Inc. Name	Case number (If known)	19-13273
	Patent No. 6893633 - Methods and compositions for promoting the maturation of monocytes	Unknown	Unknown
	Patent No. 6821510 - Methods and Compositions for promoting the maturation of monocytes	Unknown	Unknown
	Patent No. 6790440 - Methods and Compositions for promoting the maturation of monocytes	Unknown	Unknown
	Patent No. 6730692 - Treatment and prevention of reactive oxygen metabolite-mediated cellular damage	Unknown	Unknown
	Patent app. no. 62/526952 - compounds and methods for treating cancer	Unknown	Unknown
	Patent No. PCT/US2018/043534 - methods and compositions for treating tumors comprising a BCR-ABL1 gene fusion	Unknown	Unknown
	Patent App. No. 62/714888 - method and composition for treating colon cancer and breast cancer	Unknown	Unknown
	Patent app. no. 62/662246 - Nox2 Inhibitors and low-dose interleukin-2 for treating acute myeloid leukemia with normal karyotype	Unknown	Unknown
	Ceplene mark - 858297 (AU), 1078344 (CA), 13973/2000 (CH), 2001045526 (CN), 1965656 (EU), 144206 (IL), 2516/2003 (IS), 2001-029763 (JP), 13015 (LI), 2003309400 (NO), 76138212 (US), 86862397 (US2)	Unknown	Unknown
	Patent No. 1165134 - use of anti-ferritin monoclonal antibodies in the treatment of some cancers - held in AT, BE, CH, DE, ES, FR, GB, IE, IT, LI, LU, MC, JP, US, EP	Unknown	Unknown
	Patent app. No. 2,696,634 - Monoclonal antibodies against human acidic and basic ferritins and nucelotide and amino acid sequences thereof	Unknown	Unknown

61. Internet domain names and websites
62. Licenses, franchises, and royalties
63. Customer lists, mailing lists, or other compilations

Debtor Immune Pharmaceuticals Inc.
Name

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64. Other intangibles, or intellectual property
Meda-European Ceplene Rights Acquisition \$0.00 Unknown

65. Goodwill

66. Total of Part 10. \$0.00

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of
debtor's interest

71. Notes receivable
Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

NOL carryover through 12/31/2017 Tax year Unknown

73. Interests in insurance policies or annuities

D&O Insurance Policy Unknown

Excess Insurance Policy Unknown

Clinical Trials Insurance Policy Unknown

Commercial Umbrella Insurance Policy Unknown

General Liability Insurance Policy Unknown

Debtor Immune Pharmaceuticals Inc.
Name

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74. Causes of action against third parties (whether or not a lawsuit has been filed)
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims
76. Trusts, equitable or future interests in property
77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor **Immune Pharmaceuticals Inc.**
Name

Case number (if known) **19-13273**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	\$1,114.23	
81. Deposits and prepayments. Copy line 9, Part 2.	\$80,641.85	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$0.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$55,218.58	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....>		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$136,974.66	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$136,974.66

Fill in this information to identify the case:

Debtor name Immune Pharmaceuticals Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 19-13273

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Discover Growth Fund, LLC Creditor's Name 5330 Yacht Haven Grande Suite 206 St Thomas, VI 00802 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00 Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$0.00

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Immune Pharmaceuticals Inc.**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **19-13273**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Anthony Fiorino 308 Churchill Road Teaneck, NJ 07666	\$119,518.00	\$12,850.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.2	Priority creditor's name and mailing address Bracha Goetz 771 Stelton Street Teaneck, NJ 07666	\$11,679.00	\$11,679.00
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor	Immune Pharmaceuticals Inc. Name	Case number (if known)	19-13273
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2.3	Priority creditor's name and mailing address Christine Richardson 16 Whitman Street Hastings on Hudson, NY 10706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$45,693.00 \$12,850.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address John Clark 16 Sylvia Terrace Middletown, NJ 07748	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$40,651.00 \$12,850.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.5	Priority creditor's name and mailing address Zhihua Zhang 3 Wellington Drive Basking Ridge, NJ 07920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$80,331.00 \$12,850.00
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address 10312 Capital LLC 460 West 24th Street Apt 4A New York, NY 10011 Date(s) debt was incurred _____ Last 4 digits of account number <u>2377</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,569.00
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3.2	Nonpriority creditor's name and mailing address ACM Medical Laboratory, Inc. PO Box 26290 Rochester, NY 14626 Date(s) debt was incurred _____ Last 4 digits of account number <u>2379</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,363.00
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Debtor	Immune Pharmaceuticals Inc.	Case number (if known)	19-13273
3.3	Nonpriority creditor's name and mailing address Advarra 6940 Columbia Gateway Dr Columbia, MD 21046 Date(s) debt was incurred ____ Last 4 digits of account number <u>2990</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,150.00
3.4	Nonpriority creditor's name and mailing address Airgas USA LLC 6055 Rockside Woods Blvd Independence, OH 44131 Date(s) debt was incurred ____ Last 4 digits of account number <u>2266</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.00
3.5	Nonpriority creditor's name and mailing address Alpha Capital Anstalt Lettstrasse 32 9490 Vaduz Lichtenstein Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$580,810.62
3.6	Nonpriority creditor's name and mailing address Alto Opportunity Master Fund c/o Aryton 222 Broadway, 19th Floor New York, NY 10038 Date(s) debt was incurred ____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$536,133.00
3.7	Nonpriority creditor's name and mailing address Anson Investments Master Fund LP 155 University Avenue, Suite 207, Toront CANADA Date(s) debt was incurred ____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$446,777.00
3.8	Nonpriority creditor's name and mailing address Australasian Blistering Diseases Foundat St George Hospital Gray Street, Kogarah AUSTRALIA Date(s) debt was incurred ____ Last 4 digits of account number <u>2378</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,292.00
3.9	Nonpriority creditor's name and mailing address B&C Group Watson & Crick Hill - Rue Granbonpre 11, BELGIUM Date(s) debt was incurred ____ Last 4 digits of account number <u>2372</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,638.00

Debtor Immune Pharmaceuticals Inc.		Case number (if known) 19-13273
Name _____		

3.10	Nonpriority creditor's name and mailing address Bass Tax Group 2740 State Route 10, Suite 105A Morris Plains, NJ 07950 Date(s) debt was incurred _____ Last 4 digits of account number <u>2240</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,500.00
<hr/>			
3.11	Nonpriority creditor's name and mailing address Becton Dickerson & Company P. O. Box 28983 New York, NY 10087 Date(s) debt was incurred _____ Last 4 digits of account number <u>2278</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,655.00
<hr/>			
3.12	Nonpriority creditor's name and mailing address Biochrom GmbH Leonorenstr. 2-6, Berlin 12247 GERMANY Date(s) debt was incurred _____ Last 4 digits of account number <u>2322</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,992.00
<hr/>			
3.13	Nonpriority creditor's name and mailing address BioProcessTechnologyConsultants Inc (BPT 12 Gill St # 5450 Woburn, MA 01801 Date(s) debt was incurred _____ Last 4 digits of account number <u>2911</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,150.00
<hr/>			
3.14	Nonpriority creditor's name and mailing address Bioreclamation IVT P.O. Box 770 Hicksville, NY 11802 Date(s) debt was incurred _____ Last 4 digits of account number <u>2373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$164.00
<hr/>			
3.15	Nonpriority creditor's name and mailing address BioReliance Corporation 14920 Broschart Road Rockville, MD 20850 Date(s) debt was incurred _____ Last 4 digits of account number <u>2985</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,904.00
<hr/>			
3.16	Nonpriority creditor's name and mailing address Bird & Bird Advokat KB Norrländsgatan 15, PO Box 7714, Stockhol SWEDEN Date(s) debt was incurred _____ Last 4 digits of account number <u>2926</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,216.00

Debtor	Name	Case number (if known)	19-13273
3.17	Nonpriority creditor's name and mailing address Bridge Plaza Realty Associates LLC PO Box 416503 Boston, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number <u>2952</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,862.00
3.18	Nonpriority creditor's name and mailing address Broadridge (Inc) PO Box 416423 Boston, MA 02241 Date(s) debt was incurred ____ Last 4 digits of account number <u>2005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,537.00
3.19	Nonpriority creditor's name and mailing address Canfield Scientific 4 Wood Hollow Road Parsippany, NJ 07054 Date(s) debt was incurred ____ Last 4 digits of account number <u>2364</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,314.00
3.20	Nonpriority creditor's name and mailing address CCPIT Patent & Trademark Law Office 10/F, Ocean Plaza 158 Fuxingmennei Stree CHINA Date(s) debt was incurred ____ Last 4 digits of account number <u>2173</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.00
3.21	Nonpriority creditor's name and mailing address CEOCast, Inc 211 East 43rd Street New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number <u>2317</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,037.00
3.22	Nonpriority creditor's name and mailing address Certara USA, Inc 222 S. Central Avenue, Suite 1008 Saint Louis, MO 63105 Date(s) debt was incurred ____ Last 4 digits of account number <u>3008</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,069.00
3.23	Nonpriority creditor's name and mailing address Charles River 22022 Transcanadienne, Senneville QC H9X CANADA Date(s) debt was incurred ____ Last 4 digits of account number <u>2355</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,245.00

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3.24	Nonpriority creditor's name and mailing address China Patent Agent (H.K.) Ltd 22/F, Great Eagle Center, 23 Harbor Road HONG KONG Date(s) debt was incurred _ Last 4 digits of account number <u>2908</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$257.00
3.25	Nonpriority creditor's name and mailing address Clinical Supplies Management (CSM USA) 300 Technology Drive Malvern, PA 19355 Date(s) debt was incurred _ Last 4 digits of account number <u>2437</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,663.00
3.26	Nonpriority creditor's name and mailing address Corodata PO Box 842638 Los Angeles, CA 90084 Date(s) debt was incurred _ Last 4 digits of account number <u>2025</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,805.00
3.27	Nonpriority creditor's name and mailing address Cpa Global Liberation House, Castle Street, St. Hel CHANNEL ISLANDS Date(s) debt was incurred _ Last 4 digits of account number <u>2026</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,308.00
3.28	Nonpriority creditor's name and mailing address CSM Europe sa Watson & Crick Hill - Rue Granbonpre 11, BELGIUM Date(s) debt was incurred _ Last 4 digits of account number <u>2916</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,241.00
3.29	Nonpriority creditor's name and mailing address CVI Investments Inc. c/o Heights Capital 101 California St., Suite 3250 San Francisco, CA 94111 Date(s) debt was incurred _ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625,310.00
3.30	Nonpriority creditor's name and mailing address Dalhousie University 1344 Summer Street, Suite 207, PO Box 15 CANADA Date(s) debt was incurred _ Last 4 digits of account number <u>2028</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,094.00

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3.31	Nonpriority creditor's name and mailing address Daniel Kazado 2 Hagalim St, Raanan 43596 ISRAEL Date(s) debt was incurred _____ Last 4 digits of account number <u>2906</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
3.32	Nonpriority creditor's name and mailing address Daniel Teper 70 Washington Street #2N Brooklyn, NY 11201 Date(s) debt was incurred _____ Last 4 digits of account number <u>2142</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$186,285.00
3.33	Nonpriority creditor's name and mailing address Delaney Corporate Services Ltd 99 Washington Avenue, Suite 805A Albany, NY 12210 Date(s) debt was incurred _____ Last 4 digits of account number <u>2336</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,414.00
3.34	Nonpriority creditor's name and mailing address Discover Growth Fund, LLC 5330 Yacht Haven Grande, Suite 206 St Thomas, VI 00802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.35	Nonpriority creditor's name and mailing address Donohoe Advisory Associates LLC 9901 Belward Campus Dr., Suite 175 Rockville, MD 20850 Date(s) debt was incurred _____ Last 4 digits of account number <u>2361</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,155.00
3.36	Nonpriority creditor's name and mailing address Dr. Brian Feagan c/o Robarts Research Institute, 1151 Ric CANADA Date(s) debt was incurred _____ Last 4 digits of account number <u>2154</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.37	Nonpriority creditor's name and mailing address Dr. Cameron Durrant 90 Fairmont Road West Califon, NJ 07830 Date(s) debt was incurred _____ Last 4 digits of account number <u>2172</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,444.00

Debtor **Immune Pharmaceuticals Inc.**
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3.38 Nonpriority creditor's name and mailing address
Duke University
Dermatology Clinical Research Unit, Box
Durham, NC 27710
Date(s) debt was incurred ____
Last 4 digits of account number **2967**

As of the petition filing date, the claim is: *Check all that apply.*

\$19,912.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address
Elizabeth John, Ph.D.
416 Golden Drive
Richland, WA 99352
Date(s) debt was incurred ____
Last 4 digits of account number **2961**

As of the petition filing date, the claim is: *Check all that apply.*

\$75,100.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.40 Nonpriority creditor's name and mailing address
Elliot Maza
550 Sylvan Ave., Suite 102
Englewood Cliffs, NJ 07632
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$185,100.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.41 Nonpriority creditor's name and mailing address
Elliot Maza
550 Sylvan Ave, Suite 102
Englewood Cliffs, NJ 07632
Date(s) debt was incurred ____
Last 4 digits of account number **2193**

As of the petition filing date, the claim is: *Check all that apply.*

\$2,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.42 Nonpriority creditor's name and mailing address
Elliot Maza
550 Sylvan Ave, Suite 102
Englewood Cliffs, NJ 07632
Date(s) debt was incurred ____
Last 4 digits of account number **2002**

As of the petition filing date, the claim is: *Check all that apply.*

\$191,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.43 Nonpriority creditor's name and mailing address
Erik Penser Bank
Apelbergsgatan 27, Box 7405, Stockholm S
SWEDEN
Date(s) debt was incurred ____
Last 4 digits of account number **2034**

As of the petition filing date, the claim is: *Check all that apply.*

\$7,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address
Euroclear
Box 191, Stockholm SE-10123
SWEDEN
Date(s) debt was incurred ____
Last 4 digits of account number **2063**

As of the petition filing date, the claim is: *Check all that apply.*

\$4,709.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Immune Pharmaceuticals Inc.**

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3.45 Nonpriority creditor's name and mailing address
Extera Partners, LLC
65 Williams Street, Suite 200
Wellesley, MA 02481
Date(s) debt was incurred ____
Last 4 digits of account number 3030

As of the petition filing date, the claim is: *Check all that apply.*

\$37,500.00

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.46 Nonpriority creditor's name and mailing address
Federal Express
PO Box 371461
Pittsburgh, PA 15250
Date(s) debt was incurred ____
Last 4 digits of account number 2035

As of the petition filing date, the claim is: *Check all that apply.*

\$174.00

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address
Fenwick & West LLP
Silicon Valley Center, 801 California St
Mountain View, CA 94041
Date(s) debt was incurred ____
Last 4 digits of account number 3009

As of the petition filing date, the claim is: *Check all that apply.*

\$44,428.00

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address
Finn Partners
301 E 57th St
New York, NY 10022
Date(s) debt was incurred ____
Last 4 digits of account number 2250

As of the petition filing date, the claim is: *Check all that apply.*

\$30,427.00

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address
First Insurance Funding Corp
450 Skokie Blvd, Suite 1000
Northbrook, IL 60062
Date(s) debt was incurred ____
Last 4 digits of account number 2367

As of the petition filing date, the claim is: *Check all that apply.*

\$15,797.00

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.50 Nonpriority creditor's name and mailing address
Firstfire Global Opportunities Fund LLC
1040 1st Ave, Suite 190
New York, NY 10022
Date(s) debt was incurred ____
Last 4 digits of account number 1109

As of the petition filing date, the claim is: *Check all that apply.*

\$309,522.00

☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.51 Nonpriority creditor's name and mailing address
Fisher Scientific
P.O. Box 3648
Boston, MA 02241
Date(s) debt was incurred ____
Last 4 digits of account number 2341

As of the petition filing date, the claim is: *Check all that apply.*

\$274.00

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

Debtor Immune Pharmaceuticals Inc.

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3.52	Nonpriority creditor's name and mailing address Gad Berdugo 1 Columbus Pl. Apt N35C New York, NY 10019 Date(s) debt was incurred _____ Last 4 digits of account number <u>2905</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.53	Nonpriority creditor's name and mailing address Gail J. Roboz 116 East 68th Apt 9C New York, NY 10065 Date(s) debt was incurred _____ Last 4 digits of account number <u>2401</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.54	Nonpriority creditor's name and mailing address GETAID 50 rue Richer, Paris 715009 FRANCE Date(s) debt was incurred _____ Last 4 digits of account number <u>2328</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,373.00
3.55	Nonpriority creditor's name and mailing address Gevers & Ores 41, avenue de Friedland, Paris F-75008 FRANCE Date(s) debt was incurred _____ Last 4 digits of account number <u>2407</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,383.00
3.56	Nonpriority creditor's name and mailing address Global Clinical Trials, LLC (GCT) 256 Bunn Drive, Suite 6 Princeton, NJ 08540 Date(s) debt was incurred _____ Last 4 digits of account number <u>2231</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,179.00
3.57	Nonpriority creditor's name and mailing address Global Data 441 Lexington Avenue, 3rd Floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number <u>2220</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,688.00
3.58	Nonpriority creditor's name and mailing address Hoffman Neopac AG Burgdorfstrasse 22, Oberdiessbach 3672 SWITZERLAND Date(s) debt was incurred _____ Last 4 digits of account number <u>2979</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,133.00

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3.59	Nonpriority creditor's name and mailing address HTL Biosolutions Inc 3543 Old Conejo Rd. #105 Newbury Park, CA 91320 Date(s) debt was incurred ____ Last 4 digits of account number <u>2977</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,010.00
3.60	Nonpriority creditor's name and mailing address Hudson Bay Master Fund Limited 777 Third Avenue, 30th Floor New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$436,590.00
3.61	Nonpriority creditor's name and mailing address Hyatt Computer 550 Sylvan Ave Englewood Cliffs, NJ 07632 Date(s) debt was incurred ____ Last 4 digits of account number <u>2217</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,692.00
3.62	Nonpriority creditor's name and mailing address IDDI 185 Alewife Brook Pkwy, Suite 410 Cambridge, MA 02138 Date(s) debt was incurred ____ Last 4 digits of account number <u>2410</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,245.00
3.63	Nonpriority creditor's name and mailing address Infinite Dept #652 PO BOX 220 Bettendorf, IA 52722 Date(s) debt was incurred ____ Last 4 digits of account number <u>2380</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,994.00
3.64	Nonpriority creditor's name and mailing address Innovaderm Research Inc. 1851 Sherbrooke Est, bureau 502, Montrea CANADA Date(s) debt was incurred ____ Last 4 digits of account number <u>2370</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,610.00
3.65	Nonpriority creditor's name and mailing address Intracoastal Capital LLC 2211A Lakeside Drive Bannockburn, IL 60015 Date(s) debt was incurred ____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$171,841.00

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3.66	Nonpriority creditor's name and mailing address Iron Mountain 1000 Campus Dr Collegeville, PA 19426 Date(s) debt was incurred ____ Last 4 digits of account number <u>2048</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,632.00
3.67	Nonpriority creditor's name and mailing address IRS Department of the Treasury 310 Lowell Street, Stop 832 Andover, MA 01810 Date(s) debt was incurred ____ Last 4 digits of account number <u>2435</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,845.00
3.68	Nonpriority creditor's name and mailing address Jean Kadouche 62, boulevard Arago, paris 75013 FRANCE Date(s) debt was incurred ____ Last 4 digits of account number <u>2002</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
3.69	Nonpriority creditor's name and mailing address Jean Marc Menat Conseil 64, rue de Longchamp, Paris 75116 FRANCE Date(s) debt was incurred ____ Last 4 digits of account number <u>2002</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168,000.00
3.70	Nonpriority creditor's name and mailing address Jeff Paley (Crimson Biomedical Consultin 285 Briarcliffe Road Teaneck, NJ 07666 Date(s) debt was incurred ____ Last 4 digits of account number <u>2291</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00
3.71	Nonpriority creditor's name and mailing address JMP Securities LLC 600 Montgomery St., Suite 1100 San Francisco, CA 94111 Date(s) debt was incurred ____ Last 4 digits of account number <u>2416</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.72	Nonpriority creditor's name and mailing address John Neczesny 424 West End Ave. 13-H New York, NY 10024 Date(s) debt was incurred ____ Last 4 digits of account number <u>2333</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,000.00

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3.73	Nonpriority creditor's name and mailing address Johnson Matthey Pharma Services 25 Patton Road Devens, MA 01434 Date(s) debt was incurred ____ Last 4 digits of account number <u>2050</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$9,750.00
3.74	Nonpriority creditor's name and mailing address Joseph V. Pergolizzi 868 106th. Ave North Naples, FL 34108 Date(s) debt was incurred ____ Last 4 digits of account number <u>2386</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$63,129.00
3.75	Nonpriority creditor's name and mailing address Klein Hersh, Inc 220 Gilbraltar Road, Suite 150 Horsham, PA 19044 Date(s) debt was incurred ____ Last 4 digits of account number <u>2963</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$27,600.00
3.76	Nonpriority creditor's name and mailing address Knobbe, Martens, Olson & Bear LLP 2040 Main Street, 14th Fl Irvine, CA 92614 Date(s) debt was incurred ____ Last 4 digits of account number <u>2051</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$44,789.00
3.77	Nonpriority creditor's name and mailing address L1 Capital Global Opportunities Master F 135 E. 57th St, 23rd Floor New York, NY 10022 Date(s) debt was incurred ____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$292,598.00
3.78	Nonpriority creditor's name and mailing address L2 Capital, LLC 411 Dorado Beach East Dorado, PR 00646 Date(s) debt was incurred ____ Last 4 digits of account number <u>1109</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$325,650.00
3.79	Nonpriority creditor's name and mailing address Lifesci Advisors LLC 250 W 55th Street, 34th floor New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number <u>2110</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$45,202.00

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3.80	Nonpriority creditor's name and mailing address Lowenstein Sandler LLP One Lowenstein Drive Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number <u>2982</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182,939.00
3.81	Nonpriority creditor's name and mailing address Marcum LLP 555 Long Wharf Drive, 12th Floor New Haven, CT 06511 Date(s) debt was incurred ____ Last 4 digits of account number <u>2960</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,870.00
3.82	Nonpriority creditor's name and mailing address MDM Worldwide Solutions, Inc. 264 West 40th Street New York, NY 07632 Date(s) debt was incurred ____ Last 4 digits of account number <u>2436</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.83	Nonpriority creditor's name and mailing address Meda Pharma SARL 43 Avenue John Fitzgerald Kennedy, L-1855 LUXEMBOURG Date(s) debt was incurred ____ Last 4 digits of account number <u>1008</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000,000.00
3.84	Nonpriority creditor's name and mailing address Mediant Communications Inc 3 Columbus Circle New York, NY 10019 Date(s) debt was incurred ____ Last 4 digits of account number <u>2058</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$706.00
3.85	Nonpriority creditor's name and mailing address Morrison & Foerster LLP (Inc) 250 West 55th Street New York, NY 10019-9601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,146.00
3.86	Nonpriority creditor's name and mailing address Mount Sinai School of Medicine Clinical Trials Center, 5 East 98th Stre New York, NY 10029 Date(s) debt was incurred ____ Last 4 digits of account number <u>2422</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,600.00

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3.87	Nonpriority creditor's name and mailing address MPI Research, Inc 54943 North Main Street Mattawan, MI 49071 Date(s) debt was incurred _____ Last 4 digits of account number <u>2318</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,150.00
3.88	Nonpriority creditor's name and mailing address Nadler Pharmaceuticals Inc. 7 Waterview Lane Randolph, NJ 07869 Date(s) debt was incurred _____ Last 4 digits of account number <u>2234</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,000.00
3.89	Nonpriority creditor's name and mailing address Nasdaq Sweden Tullvaktsvagen 15, Stockholm SE-10578 SWEDEN Date(s) debt was incurred _____ Last 4 digits of account number <u>2191</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,250.00
3.90	Nonpriority creditor's name and mailing address net2phone 520 Broad Street Newark, NJ 07102 Date(s) debt was incurred _____ Last 4 digits of account number <u>3004</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289.00
3.91	Nonpriority creditor's name and mailing address Nixon Peabody LLP Tower 46, 55 West 46th Street New York, NY 10036 Date(s) debt was incurred _____ Last 4 digits of account number <u>2411</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246,620.00
3.92	Nonpriority creditor's name and mailing address NJ Division of Taxation PO Box 666 Trenton, NJ 08646 Date(s) debt was incurred _____ Last 4 digits of account number <u>2002</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.00
3.93	Nonpriority creditor's name and mailing address Nova Laboratories Ltd. Martin House, Leicester LE184YL UNITED KINGDOM Date(s) debt was incurred _____ Last 4 digits of account number <u>2210</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,146.00

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3.94	Nonpriority creditor's name and mailing address NYS Dept of Taxation and Finance W A Harriman Campus Albany, NY 12227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,323.00
3.95	Nonpriority creditor's name and mailing address NYS Workers Compensation Board Attn: Finance Office, 328 State St, Rm 3 Schenectady, NY 12305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,105.00
3.96	Nonpriority creditor's name and mailing address Okapi Partners LLC 1212 Avenue of the Americas, 24th fl New York, NY 10036 Date(s) debt was incurred ____ Last 4 digits of account number <u>2065</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,829.00
3.97	Nonpriority creditor's name and mailing address Pascal Joly 1700 rue de la Haie, Bois Guillaume 7623 FRANCE Date(s) debt was incurred ____ Last 4 digits of account number <u>2308</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.98	Nonpriority creditor's name and mailing address PerkinElmer Health Sciences Inc. 710 Bridgeport Ave Shelton, CT 06484 Date(s) debt was incurred ____ Last 4 digits of account number <u>2409</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,422.00
3.99	Nonpriority creditor's name and mailing address Pharmatek Laboratories Inc 7330 Carroll Road, Suite 200 San Diego, CA 92121 Date(s) debt was incurred ____ Last 4 digits of account number <u>2072</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,470.00
3.100	Nonpriority creditor's name and mailing address Phastar Inc. (USA) One Copley Parkway, Suite 540 Morrisville, NC 27560 Date(s) debt was incurred ____ Last 4 digits of account number <u>3021</u>	As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,838.00

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3.101	Nonpriority creditor's name and mailing address PragerMetis CPA's, LLC 15 Warren Street, Suite 25 Hackensack, NJ 07601 Date(s) debt was incurred _____ Last 4 digits of account number <u>3022</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,055.00
<hr/>			
3.102	Nonpriority creditor's name and mailing address Prime Pensions, Inc 25B Vreeland Road, Suite 209 Florham Park, NJ 07932 Date(s) debt was incurred _____ Last 4 digits of account number <u>2298</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,899.00
<hr/>			
3.103	Nonpriority creditor's name and mailing address Primera Analytical Solutions Corp 259 Wall Street Princeton, NJ 08540 Date(s) debt was incurred _____ Last 4 digits of account number <u>2954</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$152,642.00
<hr/>			
3.104	Nonpriority creditor's name and mailing address Professional Research Consulting, Inc 1350 Old Bayshore Highway, Ste 125 Burlingame, CA 94010 Date(s) debt was incurred _____ Last 4 digits of account number <u>2940</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,022.00
<hr/>			
3.105	Nonpriority creditor's name and mailing address Q4 Denmark ApS Sjæleboederne 2, 2th, Copenhagen 1122 DENMARK Date(s) debt was incurred _____ Last 4 digits of account number <u>2426</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,410.00
<hr/>			
3.106	Nonpriority creditor's name and mailing address Quantum Media Group, LLC 6 Rockwood Lane Suffern, NY 10901 Date(s) debt was incurred _____ Last 4 digits of account number <u>2325</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,700.00
<hr/>			
3.107	Nonpriority creditor's name and mailing address Rama Krishna Rao 5 Muirfield Lane Bridgewater, NJ 08807 Date(s) debt was incurred _____ Last 4 digits of account number <u>2429</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,685.00

Debtor **Immune Pharmaceuticals Inc.**
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3.108	Nonpriority creditor's name and mailing address Robert Half Management Resources Inc 12400 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>2939</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$59,078.00
3.109	Nonpriority creditor's name and mailing address Robinson Brog Leinwand Greene Genovese & 875 3rd Ave New York, NY 10022 Date(s) debt was incurred _____ Last 4 digits of account number <u>2420</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,613.00
3.110	Nonpriority creditor's name and mailing address RobinsonButler LLC 7 Stone Crossing Way Hopkinton, MA 01748 Date(s) debt was incurred _____ Last 4 digits of account number <u>2289</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126,620.00
3.111	Nonpriority creditor's name and mailing address SAS Benelod 18bis Boulevard Albert 1er, Antibes 0660 FRANCE Date(s) debt was incurred _____ Last 4 digits of account number <u>2382</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,750.00
3.112	Nonpriority creditor's name and mailing address SAS CJS Scientific 787 Seventh Ave, 47th Floor New York, NY 10019 Date(s) debt was incurred _____ Last 4 digits of account number <u>2199</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$791.00
3.113	Nonpriority creditor's name and mailing address SBC Worldwide LLC 1979 Marcus Avenue, Suite 210 Lake Success, NY 11042 Date(s) debt was incurred _____ Last 4 digits of account number <u>2389</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,495.00
3.114	Nonpriority creditor's name and mailing address Sheppard Mullin Richter & Hampton LLP 30 Rockefeller Plaza New York, NY 10112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,929.00

Debtor **Immune Pharmaceuticals Inc.**
Name

Case number (if known) **19-13273**

3.115	Nonpriority creditor's name and mailing address Sherpa Clinical Packaging 6166 Nancy Ridge Dr San Diego, CA 92121 Date(s) debt was incurred ____ Last 4 digits of account number <u>2084</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,650.00
3.116	Nonpriority creditor's name and mailing address STC Biologics, Inc. (Inc) 330 Nevada St. Newtonville, MA 02460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,087.00
3.117	Nonpriority creditor's name and mailing address Sylva International LLC 516 SW 13th Street, Suite 20 Bend, OR 97702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
3.118	Nonpriority creditor's name and mailing address Sylva International LLC 516 SW 13th Street, Suite 201 Bend, OR 97702 Date(s) debt was incurred ____ Last 4 digits of account number <u>3034</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112,500.00
3.119	Nonpriority creditor's name and mailing address Target Health Inc. 261 Madison Avenue, 24th Floor New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,225.00
3.120	Nonpriority creditor's name and mailing address Target Health Inc. 261 Madison Avneue, 24th Floor New York, NY 10016 Date(s) debt was incurred ____ Last 4 digits of account number <u>2329</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$102,825.00
3.121	Nonpriority creditor's name and mailing address Tergus Pharma LLC 2810 Meridian Parkway, Suite 120 Durham, NC 27713 Date(s) debt was incurred ____ Last 4 digits of account number <u>2350</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,024.00

Debtor **Immune Pharmaceuticals Inc.**
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3.122	Nonpriority creditor's name and mailing address The Artac Seel Company P.O. Box 191 Stonington, CT 06378 Date(s) debt was incurred _____ Last 4 digits of account number <u>2351</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237,919.00
<hr/>			
3.123	Nonpriority creditor's name and mailing address The Patent Place, Inc 301 Franklin Street, 3rd Floor Alexandria, VA 22314 Date(s) debt was incurred _____ Last 4 digits of account number <u>3018</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,065.00
<hr/>			
3.124	Nonpriority creditor's name and mailing address The Research Foundation for SUNY P.O. Box 9 Albany, NY 12201 Date(s) debt was incurred _____ Last 4 digits of account number <u>2412</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,682.00
<hr/>			
3.125	Nonpriority creditor's name and mailing address The Wall Street Transcript (TWST) 622 3rd Avenue, 34th Floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number <u>2176</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$850.00
<hr/>			
3.126	Nonpriority creditor's name and mailing address Thompson Hine LLP 335 Madison Avenue, 12th Floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number <u>2393</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$540.00
<hr/>			
3.127	Nonpriority creditor's name and mailing address Tina Ghorban Consulting 70 Riverside Dr., Apt 4c New York, NY 10024 Date(s) debt was incurred _____ Last 4 digits of account number <u>2385</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
<hr/>			
3.128	Nonpriority creditor's name and mailing address Toppan Vintage Filings, Inc. 747 3rd Avenue, 7th Floor New York, NY 10017 Date(s) debt was incurred _____ Last 4 digits of account number <u>2909</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,658.00

Debtor Immune Pharmaceuticals Inc.		Case number (if known) 19-13273
Name _____		
3.129	Nonpriority creditor's name and mailing address University Hospitals of Cleveland 11100 Euclid Avenue, Lakeside Room 1400 Cleveland, OH 44106 Date(s) debt was incurred _____ Last 4 digits of account number <u>2971</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$9,500.00
3.130	Nonpriority creditor's name and mailing address University of Iowa Grant Accounting Office, 118 S. Gilbert Iowa City, IA 52242 Date(s) debt was incurred _____ Last 4 digits of account number <u>2972</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$13,386.00
3.131	Nonpriority creditor's name and mailing address University of Utah, Dept of Dermatology 30 N 1900 E, 4A330 SOM Salt Lake City, UT 84132 Date(s) debt was incurred _____ Last 4 digits of account number <u>2964</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,500.00
3.132	Nonpriority creditor's name and mailing address US Department Of Labor - Office of the C 200 Constitution Ave., N.W., Suite 400 Washington, DC 20210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$180,000.00
3.133	Nonpriority creditor's name and mailing address VStock Transfer, LLC 18 Lafayette Place Woodmere, NY 11598 Date(s) debt was incurred _____ Last 4 digits of account number <u>2275</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$5,733.00
3.134	Nonpriority creditor's name and mailing address VWR P.O. Box 117 Wayne, PA 19087 Date(s) debt was incurred _____ Last 4 digits of account number <u>2368</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$26.00
3.135	Nonpriority creditor's name and mailing address WPAT s.r.o. PO Box 148, Bratislava 81000 SLOVAK REPUBLIC Date(s) debt was incurred _____ Last 4 digits of account number <u>2398</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2,798.00

Debtor **Immune Pharmaceuticals Inc.**
Name

Case number (if known) **19-13273**

3.136 Nonpriority creditor's name and mailing address **Wuxi Biologics (Hong Kong) Limited**
Unit C, 20/F, OfficePlau @Mong Kok,
No. 998 Canton Road
Hong Kong
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: *Check all that apply.* **\$532,465.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.137 Nonpriority creditor's name and mailing address **Wuxi Biologics (Hong Kong) Limited**
26-81 3/F, Building 26,299 Middle Fute R
CHINA
Date(s) debt was incurred _____
Last 4 digits of account number **3006**
As of the petition filing date, the claim is: *Check all that apply.* **\$555,190.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.138 Nonpriority creditor's name and mailing address **Yellow Pages United**
P.O. Box 53282
Atlanta, GA 30355
Date(s) debt was incurred _____
Last 4 digits of account number **2296**
As of the petition filing date, the claim is: *Check all that apply.* **\$1,025.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.139 Nonpriority creditor's name and mailing address **Yissum**
Hi-Tech Park, Edmond J Safra Campus, Giv
ISRAEL
Date(s) debt was incurred _____
Last 4 digits of account number **2228**
As of the petition filing date, the claim is: *Check all that apply.* **\$65,605.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.140 Nonpriority creditor's name and mailing address **Yissum**
Hi-Tech Park, Edmond J Safra Campus, Giv
ISRAEL
Date(s) debt was incurred _____
Last 4 digits of account number **2002**
As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1
5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 297,872.00
5b. +	\$ 12,375,975.62
5c.	\$ 12,673,847.62

Fill in this information to identify the case:

Debtor name Immune Pharmaceuticals Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 19-13273

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Employment Agreement**

State the term remaining

List the contract number of any government contract

Anthony Fiorino
308 Churchill Road
Teaneck, NJ 07666

2.2. State what the contract or lease is for and the nature of the debtor's interest **Office lease for premises located at 1 Bridge Plaza North, Suite 270, Fort Lee NJ**

State the term remaining

List the contract number of any government contract

Bridge Plaza Realty Associates LLC
c/o Mack-Cali Realty Corporation
Harborside 3
210 Hudson Street, Suite 400
Jersey City, NJ 07311

2.3. State what the contract or lease is for and the nature of the debtor's interest **License - patents related to AmiKet**

State the term remaining

List the contract number of any government contract

Dalhousie University
6299 South Street
Halifax, Nova Scotia
B3H 4H6 Canada

2.4. State what the contract or lease is for and the nature of the debtor's interest **Standby Financing Agreement - to Meda Pharma SARL Asset Purchase Agreement**

State the term remaining

List the contract number of any government contract

Daniel Kazado
2 Hagalim St
Raanana 43596 Israel

Debtor 1 **Immune Pharmaceuticals Inc.**

Case number (if known) **19-13273**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Severance and Negotiated Settlement Agreements**

State the term remaining

List the contract number of any government contract

**Elliot Maza
550 Sylvan Ave, Suite 102
Englewood Cliffs, NJ 07632**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement**

State the term remaining

List the contract number of any government contract

**Gary H. Rabin
1100 Indiana Avenue
Venice, CA 90291**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Termination Agreement - Atlante Biotech and Jean Kadouche for bispecific antibodies**

State the term remaining

List the contract number of any government contract

**Jean Kadouche
62 boulevard Arago
Paris 75013 France**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Asset Purchase Agreement - Ceplene and Certain Related Assets**

State the term remaining

List the contract number of any government contract

**Meda Pharma SARL
43 Avenue John Fitzgerald Kennedy
L-1855 Luxembourg**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Client Service Agreement - Professional Employer Services (PEO)**

State the term remaining

List the contract number of any government contract

**Prestige Employee Administrators, Inc.
538 Broadhollow Road, Suite 311
Melville, NY 11747**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Biologics Master Services Agreement - development and manufacturing of new process bertilimumab**

State the term remaining

**WuXi Biologics (Shanghai) Co., Ltd.
Building 1, 288 Fute Zhong Road
Waigaoqiao Free Trade Zone
Shanghai, China 200131**

Debtor 1 **Immune Pharmaceuticals Inc.**

First Name

Middle Name

Last Name

Case number (if known) **19-13273**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

License - patents related to nano-formulated delivery of AmiKet

Yissum Research Development Company of the Hebrew Univ. of Jerusalem Ltd.
Hi-Tech Park, Edmond J. Safra Campus
PO Box 39135 Givat-Ram Jerusalem 91390
Israel

2.12. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

License - patents, research and know-how related of NanomAbs

Yissum Research Development Company of the Hebrew University of Jerusalem Ltd
Hi-Tech Park, Edmond J. Safra Campus
PO Box 39135 Givat-Ram Jerusalem 91390
Israel

Fill in this information to identify the case:

Debtor name Immune Pharmaceuticals Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 19-13273

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☒ No, Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Immune Pharmaceuticals Inc.

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) 19-13273

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2019 to Filing Date

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$0.00

For prior year:
From 1/01/2018 to 12/31/2018

☒ Operating a business
☐ Other _____

\$0.00

For year before that:
From 1/01/2017 to 12/31/2017

☒ Operating a business
☐ Other _____

\$0.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor Immune Pharmaceuticals Inc.Case number (if known) 19-13273

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Robert Half Management Resources Inc. 12400 Collections Center Drive Chicago, IL 60693	11/19/2018, 12/12/2018, 1/10/2019	\$28,065.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. Chase PO Box 15123 Wilmington, DE 19850	11/23/2018, 12/24/2018, 1/25/2019, 2/15/2019	\$9,792.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. CSM Europe sa Watson & Crick Hill - Rue Granbonpre 11 Mont-Saint-Guibert, B-1435 Belgium	11/30/2018	\$8,415.31	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. Verein Fur Leukamieforschung E.V. Am Westuhl 5 Ahlen 59227 Germany	11/30/2018	\$10,413.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. Delaware Division of Corporations PO Box 898 Dover, DE 19903	12/3/2018	\$18,759.99	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. ARA Health GmbH Ruckertstr 4 80336 Munchen	12/3/2018	\$7,057.20	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. Wuxi Biologics (Hong Kong) Ltd 26-81 3/F, Building 26 299 Middle Fute Road Shanghai 200131 China	12/6/2018	\$49,500.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. CPA Global Liberation House, Castle Street St. Helier Jersey JE11BL Channel Island	12/10/2018	\$33,450.19	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor Immune Pharmaceuticals Inc.

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Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.9. CMi2i 21-26 Garlick Hill, 5th Floor London EC4v 2AU United Kingdom	12/11/2018, 12/21/2018	\$10,495.97	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.10. MDM Worldwide Solutions, Inc. 264 West 40th Street New York, NY 10018	12/11/2018	\$10,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.11. First Insurance Funding Corp 450 Skokie Blvd., Suite 1000 Northbrook, IL 60062	12/13/2018	\$31,624.22	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.12. Fenwick & West LLP Silicon Valley Center 801 California Street Mountain View, CA 94041	12/24/2018	\$6,600.95	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.13. Technostat Ltd Jerusalem Rd. 34 Raanana 4350108 Israel	12/27/2018	\$9,360.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.14. Principal Life Insurance Company, Pension Account PO Box 9394 Des Moines, IA 50306	12/31/2018	\$23,917.17	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.15. BDO 622 Third Avenue, Suite 3100 New York, NY 10017	1/2/2019	\$15,575.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.16. Norris McLaughlin, PA 400 Crossing Boulevard, 8th Floor Bridgewater, NJ 08807	2/15/2019	\$8,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount

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may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Anthony Fiorino 308 Churchill Road Teaneck, NJ 07666 Director and Former CEO	3/23/2018, 4/24/2018, 7/11/2018, 8/23/2018, 10/11/2018	\$18,550.46	
4.2. Cameron Durrant Former Director	4/3/2018, 7/11/2018	\$50,000.00	
4.3. Daniel Kazado 2 Hagalim St Raanana 43569 Israel Director	4/13/2018, 7/13/2018	\$49,216.76	
4.4. Daniel Teper 70 Washington Street #2N Brooklyn, NY 11201 Former Director	4/11/2018, 4/20/2018, 5/10/2018, 5/30/2018, 7/11/2018	\$67,500.00	
4.5. Elliot Maza 550 Sylvan Ave., Suite 102 Englewood Cliffs, NJ 07632 Former CEO and Former Director	2/20/2018, 3/14/2018, 4/4/2018, 5/23/2018, 5/30/2018, 6/29/2018, 6/29/2018, 8/7/2018, 9/19/2018, 10/16/2018, 11/16/2018, 12/12/2018, 1/9/2019	\$47,469.06	
4.6. Jeff Paley (Crimson Biomedical) 285 Briarcliff Rd Teaneck, NJ 07666 Director	4/3/2018, 7/11/2018	\$30,000.00	
4.7. John Neczesny 424 West End Ave. 13-H New York, NY 10024 Director	4/3/2018, 7/11/2018	\$30,000.00	
4.8. Gary H. Rabin 1100 Indiana Avenue Venice, CA 90291 Proposed CRO	8/31/2018, 9/14/2018, 9/28/2018, 10/10/2018, 10/19/2018, 1/14/2019	\$75,000.00	
4.9. Immune Pharmaceuticals, Ltd. Subsidiary	12/11/2018	\$699,620.80	

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Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.10 Cytovia International Sarl Subsidiary	5/10/2018, 6/8/2018, 7/31/2018, 9/20/2018, 11/6/2018, 12/14/2018, 2/13/2019	\$506,566.70	

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Securities case pending in Israel	Breach of contract	Tel Aviv, District Court, Israel	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Hudson Bay Master Fund Ltd. v. Immune Pharmaceuticals, Inc. 18-cv-11688-LGS	Breach of contract	United States District Court, SDNY 500 Pearl Street New York, NY 10007	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. TDR Services, LLC and Rama Rao v. Cytovia, Inc. and Immune Pharmaceuticals, Inc. SOM-L-000133-19	Breach of contract	Superior Court of NJ - Somerset County 20 N Bridge Street Somerville, NJ 08876	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

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Debtor Immune Pharmaceuticals Inc.

Case number (if known) 19-13273

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Norris McLaughlin, PA 400 Crossing Boulevard, 8th Floor Bridgewater, NJ 08807		2/15/2019	\$8,000.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

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Debtor **Immune Pharmaceuticals Inc.**Case number (if known) **19-13273**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

	Address	Dates of occupancy From-To
14.1.	550 Sylvan Avenue, Suite 101 Englewood Cliffs, NJ 07632	03/2017 - 08/2018
14.2.	430 East 29th Street, Suite 940 New York, NY 10016	02/2015 - 03/2017
14.3.	Cambridge Innovation Center 1 Broadway 14th Floor Cambridge, MA 02142	
14.4.	708 Third Avenue, Suite 210 New York, NY 10017	
14.5.	77 Old Saw Mill River Road Tarrytown, NY 10591	

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services
the debtor providesIf debtor provides meals
and housing, number of
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☒ No.☐ Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

Immune Pharmaceuticals Inc. 401(k) Plan

Employer identification number of the plan

EIN: **52-1841431**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

Debtor Immune Pharmaceuticals Inc.Case number (if known) 19-13273**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Bank Leumi USA 579 5th Avenue New York, NY 10017	XXXX-8218	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other____	3/28/2018	\$54,431.62

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

Debtor Immune Pharmaceuticals Inc.

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- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed EIN: From-To
25.1. Immune Pharmaceuticals, Ltd. Hillel Street #24 Jerusalem Israel 94581			
25.2. Cytovia, Inc. 1 Bridge Plaza North, Suite 270 Fort Lee, NJ 07024		EIN: 33-0787805	From-To
25.3. Maxim Pharmaceuticals, Inc. 1 Bridge Plaza North, Suite 270 Fort Lee, NJ 07024		EIN: 87-0279983	From-To
25.4. Immune Oncology Pharmaceuticals, Inc. 1 Bridge Plaza North, Suite 270 Fort Lee, NJ 07024		EIN:	From-To

Debtor Immune Pharmaceuticals Inc.

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Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

EIN: 27-1139630

From-To

25.5. **Immune Pharmaceuticals
USA Corporation
1 Bridge Plaza North, Suite
270
Fort Lee, NJ 07024**

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26a.1. **John P. Clark
16 Sylvia Terrace
Middletown, NJ 07748**

07/2017 to current

26a.2. **John Militello
122 Rosebud Avenue
Merrick, NY 11566**

**04/2015 through
11/2018**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Date of service

From-To

26b.1. **Marcum LLP
555 Long Wharf Drive, 12th Floor
New Haven, CT 06511**

**12/2017 through
current**

Name and address

Date of service

From-To

26b.2. **BDO
622 Third Avenue, Suite 3100
New York, NY 10017**

**06/2015 through
12/2017**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

**If any books of account and records are
unavailable, explain why**

26c.1. **John P. Clark
1 Bridge Plaza North, Suite 270
Fort Lee, NJ 07024**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **SEC Filings**

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor Immune Pharmaceuticals Inc.Case number (if known) 19-13273☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Anthony Fiorino		Director and Former CEO	Represents beneficial ownership of less than 1% of the shares of common stock
Name	Address	Position and nature of any interest	% of interest, if any
Daniel Kazado	2 Hagalim St Raanana 43596 Israel	Director	Represents beneficial ownership of less than 1% of the shares of common stock
Name	Address	Position and nature of any interest	% of interest, if any
Jeff Paley	285 Briarcliff Rd Teaneck, NJ 07666	Director	Represents beneficial ownership of less than 1% of the shares of common stock
Name	Address	Position and nature of any interest	% of interest, if any
John Neczesny	424 West End Ave. 13-H New York, NY 10024	Director	Represents beneficial ownership of less than 1% of the shares of common stock

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Cameron Durrant	90 Fairmont Road Califon, NJ 07830	Director	Until 9/10/2018

Debtor **Immune Pharmaceuticals Inc.**

Case number (if known) **19-13273**

Name	Address	Position and nature of any interest	Period during which position or interest was held
Elliot Maza		Director, CEO and President	Until 8/28/2018

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See question 4 above			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation

Immune Pharmaceuticals, Inc.

Employer Identification number of the parent corporation

EIN: 52-1841431

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☒ Yes. Identify below.

Name of the pension fund

Immune Pharmaceuticals, Inc. 401(k) Plan

Employer Identification number of the parent corporation

EIN: 52-1841431

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3/18/19

Signature of individual signing on behalf of the debtor

Gary H. Rabin
Printed name

Position or relationship to debtor **President and Interim CEO**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes